
Collaboration and Marketing Ensure Public and Medical Library Viability

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ABSTRACT

THE INCREASED DEMAND FOR CONSUMER HEALTH INFORMATION over the past twenty years has inspired many to usurp the job of the librarian. Health professionals are writing articles about the provision of health information for their patients. Newspaper and magazine articles tout the importance of health information companies as the means through which the public can pay for access to health information. Hospital libraries are closing at a rapid rate throughout the United States, with hospital administrators citing lack of funding as the reason and viewing the medical library as a drain on the hospital bottom line. Collaboration and marketing are two elements that ensure the library remains viable in the eyes of health professionals, hospital administrators, and the public. As librarians, we have collaborated with each other for years with tremendous results. Now is the time to publish these successes in the professional literature of health administrators and professionals and in newspapers and popular journals. Now is the time for the public and health professionals alike to realize the contributions librarians have made and are making on the consumer health front.

The Colorado Consumer Health Information Librarians Listserv (CCHILL) formed in 2002 and began holding quarterly meetings (National Network of Libraries of Medicine, Midcontinental Region, 2004). The CCHILL group's mission is to establish personal connections between public and medical librarians. They meet regularly to share ideas and innovations, develop relationships, talk with professionals who have similar

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consumer health missions in their institutions, and develop collaborative projects for the mutual benefit of the institutions and the public they serve. CCHILL has met primarily in the greater Denver area. It is hoped that the rest of the state will implement CCHILL groups as geographic areas permit.

A poster session hosted by a Douglas County and a Denison Memorial librarian at the 2004 Colorado Association of Libraries Conference will demonstrate the efficacy of CCHILL and encourage more partnerships within the state. A letter will be sent from the MidContinental Regional Medical Office at the University of Utah to hospital administrators who support their libraries, thanking them for their support and detailing the benefit that the hospital library provides to their institution. The Colorado Council of Medical Libraries Advocacy Committee will be presenting an award at the Colorado Hospital Administrators Conference to administrators who support their hospital library. These three initiatives in 2004 will hopefully provide a start to a sorely needed marketing campaign for libraries.

Involvement in the CCHILL group has demonstrated the need for marketing the positive impact of collaborative librarians not only to fellow librarians but also to administrators and the public. Many hospital administrators support the development of consumer health collections by their medical librarians and realize the importance of marketing their services to the public via the public libraries. At the same time, most hospital administrators do not realize the importance of having a consumer health collection. They do not let their librarians leave the library for training, much less explore the idea of a collaborative partnership with a public library. This lack of vision on the part of some hospital administrators is damaging not only to the librarian but also to the hospital and the patients they serve. Some public library bureaucracies also do not want to commit time or resources to partnering with hospital librarians who want to provide additional services to their public library patrons.

Hospital librarians working in partnership with public librarians have the opportunity to market to the local population. Marketing can be done by way of a public library Web site, which, on the health information page, displays the partnership that exists between them and the local hospital library. For what better and more economical endorsement could a hospital marketing department ask? In 2001 hospital marketing department budgets rose to an average \$1.95 million ("Survey: Hospitals' Marketing Budgets Near \$2 Million Mark," 2001). In 1997 the two hospitals that comprise Evanston Northwestern Healthcare, launched a \$1 million marketing campaign ("Hospitals Start a Marketing Blitz," 1997). Medical librarians must partner with hospital marketing departments when proposing collaboration with public libraries. With the marketing department on the side of librarians, hospital administrators may see an additional value to the medical library. Hospital administrators will realize that partnership with the public library

is a low-cost ad campaign that says the hospital supports the community and that the county that supports the public library is a friend of the hospital. It is easy and cost-effective marketing that should not be discounted or overlooked.

This collaboration between medical and public libraries is not for the sole benefit of the medical library. The public librarian, who answers many health questions every day, will have a resource in the medical librarian. Difficult search questions can be referred to the medical librarian, as can patrons who want access to more resources and expertise than may be available at the local library. The public library will be seen as a good steward of the taxpayer dollar. It will be endorsing advanced access for patrons to health information from reliable sources. It is in the public's interest to have service industries working together to provide the best access to health information possible. The public needs to be told of the collaborative efforts of its library.

The CCHILL group is an offshoot of the National Network of Libraries of Medicine, MidContinental Region's goal to have each state within its six-state (Colorado, Kansas, Missouri, Nebraska, Utah, and Wyoming) region develop collaborative partnerships between medical and public libraries. It is hoped that each state will develop groups that meet in person, on a regular basis, in order for lasting connections to develop.

Wyoming held its first annual symposium in the summer of 2003. Librarians from across the state gathered to make connections, and learn about accessing quality health information for health professionals and the public alike. Public and medical librarians made connections and a listserv was formed uniting librarians from diverse institutions across a state that is primarily rural. The combination of distance and weather make face-to-face meetings a once a year occurrence. The listserv is a way for librarians in Wyoming with an interest in providing consumer health information to collaborate at a distance.

Nebraska has had a partnership in place between public and medical librarians since 1985. The McGoogan Library, the Nebraska Library Commission, and more than seventy public libraries in the state formed the Consumer Health Information Resource Service (CHIRS) (McGoogan Library of Medicine, 2004). This service provides consumer health information to any person in the state of Nebraska. Librarians from McGoogan provided training and materials to public librarians across the state. The CHIRS project has evolved over nineteen years and now provides individualized information packets to patrons requesting information. They also have the public library as the initial point of contact, reinforcing the importance of the local librarian.

Utah also has had a longstanding collaborative effort between public and medical libraries known as the Utah Consumer Health Information Network (UCHIN, 2004). UCHIN is a collaborative project of the Eccles

Health Sciences Library at the University of Utah and the Health Round Table (HEART, 2004) of the Utah Library Association. UCHIN connects people to resources found online and in their local communities. HEART brings together public and medical librarians on a regular basis. A few of the HEART goals listed on their Web site include

- Provide professional development opportunities with content geared toward health information resources for librarians
- Increase awareness and practice of personal healthy choices
- Publicize the round table and attract members by maintaining the HEART home page

Kansas is in the midst of developing a consumer health librarians group that will meet regularly. They have several strong consumer health librarians in their state who are anxious to explore collaborative ideas on a more formal level. Partnerships between public and medical librarians exist on a formal level via the Johnson County Public Library system. It is hoped that this endeavor will serve as model for the rest of the state.

Missouri, the second state to "Go Local" in accordance with the MedlinePlus initiative to connect citizens to local resources, has a history of public and medical librarians working together. The University of Missouri sponsors Community Connections through its extension program. This sponsorship results in local resources being made available to the citizens of Missouri (Community Connection, 2004).

Missouri held its first annual symposium on consumer health in June of 2004. This symposium brought together multitype librarians from across the state who are interested in consumer health. This was an exciting and informative symposium hosted by Mary Ellen Sievert in conjunction with the University of Missouri at Columbia.

COLLABORATION

The collaborations mentioned above are not new or innovative. Collaboration among librarians from different institutions and environments has been in existence for years (Eakin, 1980; Hollander, 1996). Librarians collaborate. Medical librarians from competing hospitals in the same town participate in DOCLINE (2004) to ensure that the health professionals they serve have quick access to necessary health information. Medical librarians participate in Medlib-L (2004), the listserv for the Medical Library Association. If a medical librarian is having difficulty with a search, a colleague will be asked for assistance, as librarians want to be absolutely sure the best health information is provided to their customers. Consumer health librarians participate in the Consumer and Patient Health Information Section (CAPHIS, 2004) of the Medical Library Association. A librarian can ask a question on the listserv about the best multiple sclerosis educational videos

for Spanish-speaking children between the ages of five and ten, and a reply is generally posted within the day, noting which resources are the best.

Librarians do not work in a vacuum; they freely share information. The Colorado Council of Medical Librarians (CCML, 2004) participates in a consortium whereby members can purchase commercial databases at a greatly reduced cost. Denver Health Hospital recently shut down its library and consequently lost the ability to purchase commercial databases at the CCML group rate. This increase in purchase price came as a surprise to their administration. The MidContinental Region of the National Network of Libraries of Medicine has begun discussion about developing a regional buying consortium between its six states. Barbara Jones, the Missouri liaison, at the University of Missouri, Columbia, for the MidContinental Region, is spearheading this project. This collaborative project will allow small hospital and large academic libraries alike to have access to online resources at a more affordable rate.

Medical librarians must let their administrators know that, because they belong to consortia buying groups, *because they are librarians that collaborate*, their institution has access to more online resources at an affordable rate. Administrators need to know that if they shut down the library this affordable access to information will go away. Administrators must realize that librarians participate in listservs made up of professionals from around the globe. Librarians participate in these consortia and listservs because they want to provide the best service possible at the most affordable rate. Collaborative librarians save their institution money. What seems intuitive to librarians is novel to administrators. We need to market our value to the institution and make administrators realize our worth.

Public librarians providing consumer health information must let their institutions know that they are participating in the CAPHIS listserv in order to collaborate with medical librarians, thereby ensuring that the public receives the best, most current information. Does your public library administrator know that you participate in a listserv sponsored by the Medical Library Association? Do they know that you receive consumer health collection development suggestions and tips on providing outreach? *Share the various collaborations you are a part of with your administrator.* What may seem second nature to you may appear very innovative to the administrator. The citizens your library serves also may be interested in a newspaper editorial stating the ways that the library saves the community money by partnering with local medical librarians to provide current health information and expert searching

LIBRARIANSHIP BY ANY OTHER NAME IS LUCRATIVE

There is money to be made in the provision of consumer health information. The demand for consumer health information exploded in the 1990s

in conjunction with the mainstreaming of Internet access. Fifty-two million American adults, or 55 percent of those with Internet access, have used the Web to get health or medical information (Fox & Fallows, 2003).

Many for-profit companies are developing health information Web sites. Their advertisement campaigns continue to carry weight with the health professional. When exhibiting at health professional conferences, one routinely has to explain the difference between WebMD and MedlinePlus and why a health professional would bother accessing MedlinePlus for patient information. Pharmaceutical companies sponsor health information portals. Pfizer lists health information resources and suggestions for quality control. Pfizer has also taken a lead in health literacy education, offering monies to support health literacy initiatives in underserved populations (Pfizer, 2004). Merck, to their credit, has made the Merck Manual and other valuable manuals available online in several languages on their Web site (Merck & Co., 2004). Abbott Laboratories has a health information portal that provides consumer health information, while at the same time advertising the drugs they produce (Abbott Laboratories, 2004). The Eckerd drug store developed an online clinical pharmacy whereby one can search drug interactions and find out more about Eckerd. Advertisements permeate the Eckerd Web site, but good information is available (Eckerd, 2004).

Most of these companies are offering quality health information and initiatives to the public. They are doing so because that is what the public wants. At the same time they are advertising their services. Hospitals would do well to follow these giants of industry and give the public what they want. A great basic marketing strategy for those in the health care business is to provide health information to the public. Librarians must make sure they are included in this campaign.

Public librarians are taking train-the-trainer courses from medical librarians on a regular basis. They work with a public that is demanding access to health information, and they want to be prepared to meet the needs of the public. Public librarians may want to write an article for the local newspaper, letting the public know about the amount of training they have received so that they can give the best possible service to their patrons.

Businesses have also developed for the sole purpose of selling health information. Librarians have watched this new wave of entrepreneurship with an element of perplexed amazement. Newspapers and magazines are fed articles from companies seeking to advertise their services. In the Sunday, April 27, 2003, business section of the *Denver Post*, an article entitled "New RX for Health: Informed Patients—Specific Research Targets Each Case," by Marsha Austin, business writer, discussed a new company called "Corporate Hearts." This company charges \$1500 for customized health information packets. The article portrays medical libraries in a negative light, indicating that one must "thumb through reams of medical journals trying to find the answer." Obviously, if indeed the person did thumb

through journals, they did not bother to ask the medical librarian for help. Medical librarians have been providing customized information packets to consumers for years (Exempla Healthcare, 2004). This article gave medical librarians a chance to remind the institutions they serve of the quality and service they provide to customers and physicians at a fraction of the cost.

Some recent articles about consumer health and patient information are also of concern because they completely bypass any mention of the librarian when talking about implementing consumer health centers, finding quality health information, or evaluating health information on the Internet. When articles such as "Consumer Health, Patient Education and the Internet" (Campbell, 2002) state that "Veterans in the field of medical informatics will point out that much of this information is available in print form. However, to get at this information, the health consumer is required to visit medical libraries and sift through volumes of highly specialized, arcane professional literature," it is a cause for alarm. Obviously, we as librarians have not been aggressive enough in advertising the advances our profession has made in publications such as the *Internet Journal of Health*.

Other articles of particular concern are those published by health professionals. Some health professionals still do not understand exactly what a librarian does. The health professional may see a need for patient health information and not realize that the librarian meets that need every single day and works to stay updated on the latest patient information resources. The *Journal of MedSurg Nursing* (VanBiervliet & Edwards-Shafer, 2004) focuses on patient information and decision-making tools. A library for a potential class for seniors, the searching skills of a reference librarian, and MedlinePlus and other NLM consumer databases are mentioned in the article as important tools. However, the fact that librarians can help with the selection and evaluation of patient information tools is overlooked. Surgical nurses, in this article, are being charged with the selection of health information tools. It would be more effective if respective experts in their field practiced their profession. Librarians would never consider taking on the roll of a surgical nurse. Nor do we engage in patient education. Librarians provide access to health information and evaluate the quality of health information. Librarians are very effective in working as part of a team with nurse educators. Taking the burden off the nurse of evaluating and selecting health information tools is the hospital librarian's job. We need to let health professionals know that we are up to the task.

Another article, in the *Journal of Cardiovascular Nursing* (Cashen, Dykes, & Gerber, 2004), makes no mention at all of a librarian. This article is about the potential impact of eHealth technology and its ability to empower the patient. The article goes on to discuss various difficulties for the patient with eHealth information resources. Overcoming the difficulties discussed such as literacy, language, lack of access to technology, and educational barriers is the work of librarians. The authors note that community programs can

play a role in providing access to patient information, but no mention is made of the library. Clinicians and eHealth developers are listed as advocates for directing patients to health information, but no mention is made of the librarian. It is worrisome that the author does not know about the multicultural resources that exist on the Internet, like the National Network of Libraries of Medicine Multicultural Resources, which lists most of the top databases for patient health information in multiple languages (National Network of Libraries of Medicine, 2004). The author also did not think to check with a public library to find out what Spanish-language text-based health materials exist for the patient when he said virtually no text-based resources exist in Spanish for disease information.

Are these oversights the fault of the authors, or is it the fault of librarians as a whole? We are busy and efficient. We get the job done without a lot of fanfare. We provide unbiased, objective health information at relatively little cost to any person who visits the public library. Many hospital libraries have consumer health collections or respond to requests for health information from patients and health professionals alike. But we may not be advertising the incredible services we provide effectively enough.

Some libraries are going through budget crises and may not have the time or the resources to advertise. An interesting article entitled "Marketing Library Services: Lessons from the Private Sector" (Amey, 1993) says that marketing in times of severe financial crisis is most important. The author focuses on five major points:

- "the value of the marketing process itself
- marketing as a morale builder
- marketing as a method of clarifying the library's mission
- marketing as a way to refine targeting
- marketing as a technique for forward thinking" (p. 69).

Some interesting ideas espoused in the article come from the customer service arena in the private sector: "showing interest in the individual, understanding their needs, and adding value to the interchange" (Amey, 1993, p. 71). The author goes on to state that a library patron "does not care about a state of the art computerized library; but they love quick efficient service . . . we must promote the library and its services from the user's point of view" (Amey, 1993, p. 72). As the author states, we have not adequately shown patrons our true value, which is to "interpret, explain, evaluate, elucidate and above all personalize the search for solutions" (Amey, 1993, p. 72).

We must work to inform health professionals, at all levels, of the importance of the library. A resident once stated in a class entitled "What Your Patients Know," taught as part of the University of Colorado Health Sciences Center Informatics Program, which the library offers to third- and fourth-year medical students, "pretty soon our patients are going to have access to

as much information as we have." The response was "they already do have access and you have the opportunity to direct their quest for knowledge to reputable, quality sources of health information. As health professionals you can encourage your patients to visit their medical library. You can build a Web site referring your patients to the medical library's Web site. You can encourage your administration to keep a hospital library on site and also encourage them to support a consumer health library."

The authors who fail to mention the library in their articles about providing health information and health literacy still see the library as a place to simply catalog information. They view librarians as lacking in technology and education skills. There are many types of librarians. All are necessary, from the cataloger to those who perform outreach and education. We need to let the health professionals and public know that we are there to assist in providing health information. We make their jobs easier so they can focus on providing care to the patient. We make the hospital administrator's job easier as we collaborate with the marketing department to ensure that partnerships are made with local public libraries. We can send our patients to the public library for classes on searching the Internet for health information, and the public librarians can send their patrons to medical librarians for access to expert searching.

Our collaborations and innovations must be advertised in the media that the health professionals and public access. As a profession, we are so effective and committed to service that our efforts tend to escape the radar screen of the public as a whole, our administrators, and the people we serve. We must make them aware of our worth.

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